



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE, SECTION FOR LONG-TERM CARE REGULATIONS

**INFORMATION FOR REFERRAL TO LOCAL LAW ENFORCEMENT
AND PROSECUTOR**

ATTACHMENT A

1. DATE AND TIME OF THE REFERRAL	
2. FACILITY NAME AND ADDRESS	
3. FACILITY ADMINISTRATOR NAME AND CONTACT INFORMATION	
4. DATE AND TIME OF INCIDENT	
5. DESCRIPTION AND LOCATION OF INCIDENT	
6. VICTIM	7. WITNESS
8. OTHER RESIDENTS	
9. STAFF AND NON STAFF	
10. IDENTIFYING INFORMATION OF ALLEGED PERPETRATOR(S), IF KNOWN	
11. SUMMARY OF INFORMATION THAT SUPPORTED THE DETERMINATION TO MAKE THE REFERRAL	
12. LAW ENFORCEMENT AGENCY AND STAFF WHO RECEIVED THE REFERRAL	
13. PROSECUTOR WHO RECEIVED THE REFERRAL	
14. SLCR STAFF WHO IS THE PRIMARY CONTACT FOR LOCAL LAW ENFORCEMENT AGENCY AND PROSECUTOR	
15. INFORMATION GIVEN TO THE LOCAL LAW ENFORCEMENT AGENCY AND PROSECUTOR	
16. LOCAL LAW ENFORCEMENT AGENCY'S RESPONSE	
17. LOCAL LAW ENFORCEMENT AGENCY ASSIGNED CASE NUMBER	
18. SUBSEQUENT INTERACTIONS, COMMUNICATIONS AND CONCURRENT INVESTIGATIONS BETWEEN SLCR AND LOCAL LAW ENFORCEMENT AND PROSECUTORS	
NAME OF SLCR STAFF WHO MADE THE REFERRAL	